

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045322

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 3 1962

547

3427

VS 300  
Rev. 4/59

4005

240042

3

4 0

5 1

6

7 1

8 0

9490X

10

11

1246-0

13

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Richmond Heights**Length of stay in 1b  
**2 days**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Mary's Hospital**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY OR TOWN **Maplewood** Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**7248 Moller Ave.** Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**JOHN****WESLEY****KINMAN**

## 4. DATE OF DEATH

Month

Day

Year

**November****21****1962**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**11-21-1898**

## 9. AGE (last birthday)

**64**

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR.

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Traffic Chief**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Associated Press**

## 11. BIRTHPLACE (City and state or country)

**Benton, Ill.**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**John W. Kinman**

## 13b. MOTHER'S MAIDEN NAME

**Letty Godby**

## 14. NAME OF HUSBAND OR WIFE

**Wilma James Kinman**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

**Wilma Kinman,**

## Address

**above**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Pneumonia lobes**

## INTERVAL BETWEEN ONSET AND DEATH

**3 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **5/27/52** to **4/21/62** and last saw him alive on **11/20/62**  
Death occurred at **8:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**M.D.**

## 22b. ADDRESS

**4660 Maryland Ave.  
St. Louis, Mo.**

## 22c. DATE SIGNED

**11/22/62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal+Burial**

## 23b. DATE

**11-24-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**Odd Fellows**

## 23d. LOCATION (City, town, or county)

**Benton, Ill.**

## 24. FUNERAL DIRECTOR

## ADDRESS

**JAY B. SMITH, Maplewood, Mo.**

## 25. DATE RECD. BY LOCAL REG.

**11-23-62**

## 26. REGISTRAR'S SIGNATURE

**John B. Murphy M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*J. H. Burgess*  
Licensed Embalmer No. 4029

P. O. Address \_\_\_\_\_

*Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.